

NATIONAL HEALTH SECURITY STRATEGY (NHSS)

Panelists Capt. Stephanie Zaza, CDC
 Pamela Henderson, ASPR
 Julia Spencer, Office of the Assistant Secretary for Planning and Evaluation
 Peter Rzeszortarski, CDC

Summary

Workgroups comprised of HHS Agency and staff division representatives, representing a broad cross-section of expertise and constituencies, have developed definitions for health security, public health preparedness, and medical preparedness, and constructed a draft conceptual framework for the National Health Security Strategy (NHSS). The framework tries to capture what preparedness looks like, and what health security looks like, and it is currently being tested to get feedback on these topics. A main theme in both sessions was that community is the focal point; communities, families, and personal preparedness is just as important, if not more important, than talking about what the Federal Government is going to do. As a listening session, the panelists gathered feedback about issues and concerns, and welcomed ideas and additional perspectives

Session Highlights

- The idea of inclusivity of effort was brought up. Several stakeholders mentioned wanting to be involved in the whole process, not just being asked for feedback once a paper or product is developed. They want the right people involved at the right time to ensure that a comprehensive and complete strategy is created.
- Linkages to other existing strategies and plans were brought up, as well as linkages among various levels of government and various economic and societal sectors.
- The need for diverse perspectives was emphasized. It is important to get out into the communities, into regional meetings, and hear from other people who were not able to attend this meeting.
- Linkages to other health issues in communities that really affect the ability to be prepared were encouraged, as was the importance of incorporating the efforts of other PAHPA workgroups. The NHSS is, in many ways, a culmination of what is being done by others. There is a need for coordinating and collaborating, and using the information and the activities of the rest of the Department and what other agencies are doing for PAHPA and other initiatives.
- There is a need to prioritize what is going to be included in the first NHSS and how that will be used as a building block to move forward for the next quadrennial review in five and a half years.

Key Questions and Comments

- NHSS should be a "guiding light" for the smaller affiliated organizations.
- A stakeholder asked about modeling for vaccines, and suggested that a collection of information regarding the best methods and where they will work, given the different environments, would be useful.
- *How much of this is the preparedness and response element versus big strategic thinking in*

terms of healthcare in America? The panel replied that HSPD-21, the White House's stated priorities for the near-term, should be the guide.

- *Is there was copy of this framework available publicly?* There is a guideline, and it will be disseminated to all interested parties to ensure transparency, but dissemination has not occurred yet.
- One previously un-discussed issue was prevention. By eliminating avian flu in birds, there would be no need for preparedness when it comes to that particular issue.
- *What weight will the NHSS have? What will the strategy be used for? What about resource allocation?* The answers to these questions are still uncertain.
- The strategy needs to address emergence of threats from international sources.
- NHSS needs to take role of global partnerships into account, since many threats will originate outside of our borders. The strategy should inform plans, not reverse.
- The challenge with “medical” limits is that allied fields, such as veterinary medicine, must have avenues for collaboration and partnership.
- Test the framework. Poll local preparedness and response, test scenarios and revisions.
- Having each country stockpile countermeasures is not reasonable – sharing is key.
- HHS needs to remember what and where we’re looking long-term. The NHSS must look past the four years.
- HHS needs to clarify the goal of Health Care Security.
- Identifying and analyzing gaps versus reinventing the wheel is crucial. Best practices and lessons learned are important.
- A target capabilities list needs to be developed.
- Katrina response may be inappropriately driving the NHSS. Don’t let it skew.
- Stakeholders need to stop leaving HHS to communicate with Congress. Stakeholders at the State and local levels need to take more responsibility for communicating with Congress.
- HHS should invite ASTHO and NACCHO and others to discuss how to engage.
- Community education needs to start very early to disseminate a culture of preparedness. Families need to understand personal responsibilities and needs.
- Inventory what we know, set priorities, think about the big picture, support State & local partners, look at preventing the event.
- HHS should coordinate with State offices of emergency medical service.
- Communities are only as resilient as the health of their population.